After Your Catheter-Based Treatment

Procedure Performed:	
 Coronary artery stent procedure Left Anterior Descending Coronary Artery (LAD) Circumflex Coronary Artery Right Coronary Artery (RCA) 	 Peripheral artery stent procedure Other catheter-based treatment
Device Permanently Implanted: Bare metal stent Drug-eluting stent Cypher sirolimus-eluting stent Taxus paclitaxel-eluting stent Xience V or Promus everolimus-eluting stent Other	 □ Arterial Closure Device □ Manual hemostasis (no closure device) □ Angioseal vascular closure device □ Perclose suture-mediated closure device

Medications

DO NOT MISS ANY DOSES OF CLOPIDOGREL (*PLAVIX*). Do not discontinue clopidogrel (Plavix) without discussing this with Dr Lederman. Continue to take aspirin along with clopidogrel (Plavix). Please see the separate list for additional medications.

Activity Limitations

General

Minimize physical activity for the first 2 days following your procedure. Avoid lifting objects heavier than 10 pounds for 3 days.

Exercise

You may resume moderate activities 5 days after coronary angioplasty/stent. Do not push yourself to the point of fatigue, shortness of breath, or chest pain.

Bathing

You may shower 24 hours after your procedure. Remove the bandage before showering. Gently clean the site daily using soap and water. Dry thoroughly. Avoid tub baths, hot tubs, or swimming for 5 days or until the wound is completely healed.

Driving

Do not drive automobiles or operate heavy machinery for 24 hours.

Sexual activity

Resume after 2 to 3 days.

Follow-up visit

Your follow-up visit is scheduled on Wednesday, _____ at 8 a.m. in the OP 7 clinic.

Stop at phlebotomy to have your blood drawn and the Heart Station for an ECG prior to coming to OP 7.

What to expect after the procedure

- Soreness or tenderness that may last up to one week
- Mild oozing from the incision
- Bruising in the area around the puncture site
- A small, marble-sized lump, which may last up to 6 weeks

Seek help if you have:

- Chest pain or discomfort that is unrelieved by sublingual (under-the-tongue) Nitroglycerin
- Active bleeding from the puncture site Immediately apply firm pressure to the site, call 911, and lie down until help arrives.
- Fever, chills or drainage of pus from the puncture site
- Increased swelling and pain in the groin area; numbness, tingling, burning, or a cold sensation in the extremity where the catheters were inserted

Problems?

Contact the staff below if you have questions or problems.

NIH Nursing Unit 5 Southeast South (301-496-1009)

Staff can answer your questions 24 hours a day.

Laurie Grant, RN

office: 301-496-0971

email: grantlp@nhlbi.nih.gov

In emergencies, contact Ms. Grant through the NIH Operator 301-496-1211.

Dr. Robert Lederman

office: 301-402-6769

email: ledermar@nhlbi.nih.gov

In emergencies, contact Dr. Lederman through the NIH Operator 301-496-1211.

This information is prepared specifically for persons taking part in clinical research at the National Institutes of Health Clinical Center and may not apply to patients elsewhere. If you have questions about the information presented here, talk to a member of your health care team.

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